

Jeffrey Neeman

District Judge - Family Division

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Glen J. Lerner 4795 S. Durango Dr. Las Vegas NV 89147	6/14/02	2,500	
Kevin Rowe 4795 S. Durango Dr. Las Vegas NV 89147	6/13/02	500	
Craig Perry 4795 S. Durango Dr. Las Vegas NV 89147	6/13/02	500	
Marc Grossman 4795 S. Durango Dr. Las Vegas NV 89147	6/13/02	500	
Fine Management / Jeff Fine 4567 W. Flamingo Rd. Las Vegas NV 89103	5/29/02	1,000	
AT Management Services 8440 W. Lake Mead Las Vegas NV 89128	6/13/02	1,000	
Robert Barbera 10508 Hureshoe Falls Ct. Las Vegas NV 89134	7/23/02	100	
Southern NV Medical Mgmt. 1321 S. Maryland Pkwy Las Vegas NV 89104	7/23/02	250	

This page may be copied or duplicated if additional space is needed.

District (if applicable)

[illegible]

PAGE OF

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Jeffrey Neeman District Judge - Family Division
Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
State Bar of Nevada	D	7/16/02	100.00
John mills	D	7/30/02	140.00
Jeffrey Neeman 1311 S. Maryland Pkwy Las Vegas NV 89104	J	5/20/02	150.00

This page may be copied or duplicated if additional space is needed.

District (if applicable)

[illegible]

PAGE _____ OF _____

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST TO EACH IN KIND CONTRIBUTION	CHECK HER OFF

This page may be copied or duplicated if additional space is needed.

District (if applicable)

Contributions of \$100 or Less

This page may be copied or duplicated if additional space is needed.

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICES	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362